

Survey Instructions:

This survey needs to be filled out by the **adult in your household who had the most recent birthday**. If only one person lives in the household, that person should fill out the survey. Unless you complete the survey online, **return the survey within the next 7 days** (to avoid additional mailings) in the **postage paid return envelope**.

This survey is important. It is about health, daily activities, and related health issues.

Your responses along with others will be grouped together
to identify issues and concerns in Weld County related to health.

We want to hear from you! You can help make a difference in the community.

Your participation is voluntary. Your individual answers are kept confidential.

Thank you for taking the time to complete this survey!

Please answer the questions only as they **apply to you**. Do not answer questions on behalf of other family members, unless the question asks for that. You may be asked to skip some questions. If you are not sure how to answer a question, please give the best answer you can and then write any comment you wish next to the question.

Answer the questions with clear markings. Use an ✕ or ✓.

Otherwise, write in the answer as requested.

Please make sure written comments are easy to read.

Si desea llenar la encuesta en español, favor de llamar al 970-304-6470 x 2386 para recibir una encuesta por correo.

If you have questions, call or leave a message on our survey question and answer line at **970-336-7244**.

If you would rather complete this survey online, go to:

www.healthyweld2020.com

Use your household's passcode located on the address label on the back of this survey to login.

**If you choose to complete the paper survey,
please return it in the enclosed postage paid envelope to:**

**COMMUNITY HEALTH SURVEY
Weld County Department of Public Health and Environment
1555 N. 17th Avenue
Greeley, CO 80631-9117**

SPECIAL SECTION ON 2013 COLORADO FLOOD

As you know, during the second week of September 2013, Colorado experienced a major flood following several days of heavy rain and rivers that exceeded flood stage. We are interested in knowing how you, your family, and your community may have been impacted by this disaster.

1. Did you experience any of the following health effects as a result of the September 2013 flood?

(Mark an ✕ or ✓ next to all that apply.)

- ☐ No health effects
- ☐ Physical health problems (respiratory or gastrointestinal illness, headaches, dizziness, etc.)
- ☐ Mental health problems (feeling depressed, anxious, or worried, etc.)
- ☐ Injuries while cleaning up or repairing flood damaged home, farm, or business (strain, sprains, bruises, broken bones, etc.)
- ☐ Other health effects: (Describe): _____

2. Using the scale provided, please tell us a little bit more about how you were affected by the flood.

<i>As a result of the flood, how much....</i>	A great deal	Very much	Moderately	Very little	None at all
...have you been displaced from your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...property damage have you had?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...personal injury have you experienced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...inconvenience have you experienced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have your family members been affected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...has your community been affected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Overall, considering both big ways and little ways that you were impacted by the flood, how stressful would you say your life has been since? Answer this question on a scale from 1 to 10, where 1 means that you have not personally been stressed or distressed at all, and 10 means that you have been terribly or extremely stressed or distressed. (Circle one number.)

1	2	3	4	5	6	7	8	9	10
Not stressed									Extremely stressed

GENERAL HEALTH, HEALTH CARE ACCESS, AND HEALTH INSURANCE

4. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Over the past two weeks, how often have you been bothered by any of the following problems?

	Nearly every day	More than half the days	Several days	Not at all
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please tell us a little more about your current health:

Number of days

How many days during the past 30 days was your **physical health** (including physical illness or injuries) not good? _____ (0-30)

How many days during the past 30 days was your **mental health** (including stress, depression, or other emotional problems) not good? _____ (0-30)

During the past 30 days, how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? _____ (0-30)

7. Do you currently have any kind of health care coverage including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- ☐ Yes ☐ No
8. Is there a doctor, nurse, physician assistant, or nurse practitioner that you consider to be your regular health care provider?
- ☐ Yes ☐ No
9. During the past 12 months, have you delayed or gone without needed health care (include all medical care, dental care, mental health care, physical or occupational therapies)?
- ☐ Yes ☐ No → If no, go to Question 10.

If yes above, why did you not get all the health care you needed?

(Mark an ✕ or ✓ next to all that apply.)

- ☐ Cost too much
- ☐ No insurance
- ☐ Health problem not covered by insurance
- ☐ Couldn't find a provider who accepts my insurance
- ☐ Provider not available in my area
- ☐ Transportation problems
- ☐ No convenient time/could not get appointment
- ☐ The September 2013 flood prevented me from getting care
- ☐ Other (Explain: _____)

10. What type(s) of health insurance do you have? (Mark all that apply.)

- ☐ I do not have health insurance of any kind.
- ☐ Health insurance through current or former employer or union (including spouse's or parent's plan)
- ☐ Health insurance plan that I (or my spouse/partner) purchase directly from an insurance company (including CoverColorado)
- ☐ Medicaid, including Medicaid HMO
- ☐ Medicare (for persons 65 years and older or with certain disabilities)
- ☐ Medicare plus other insurance (such as Medicaid, Medigap, or Blue Cross/Anthem)
- ☐ Student health insurance (sponsored by a college or university)
- ☐ CHAMPUS, VA, TRICARE, or other military insurance
- ☐ Other (Please list: _____)

11. Which is the one place you usually go when sick or in need of advice about health care?

(Mark an ✕ or ✓ next to the one place you usually go.)

- ☐ I don't have a regular place for health care. → Go to Question 13
- ☐ Community health clinic (Sunrise, Salud, etc.)
- ☐ Urgent care center (Quick Care, Next Care, etc.)
- ☐ Hospital emergency room
- ☐ College or University health center
- ☐ Doctor's office, medical practice, or clinic (Kaiser, Greeley Medical Clinic, Employer's Clinic, etc.)
- ☐ County health department clinic
- ☐ Military hospital or VA clinic
- ☐ Other place: (Describe: _____)

12. What county is this place (mentioned in question 11) located? (Mark only one.)
- ☐ Weld ☐ Adams ☐ Not sure
- ☐ Larimer ☐ Broomfield
- ☐ Boulder ☐ Other: (List: _____)

13. In the past 12 months: (If none or not applicable, enter "0".) Number of times

How many times did you go to your regular health care provider? _____

How many times did you visit the hospital emergency room for care? _____

14. The last time you went to a hospital emergency room, was it for a condition that you thought could have been treated by a regular doctor if he/she had been available?

☐ Yes ☐ No ☐ I have never been to the emergency room

CHILDREN'S HEALTH AND HEALTH INSURANCE

15. How many children aged 17 or younger live in your household? (Enter the total number of children in each age range. If none in that range, enter "0".)

Number of children

Under 5 years _____

5 to 9 years _____

10 to 14 years _____

15 to 17 years _____

☐ Check here if there are no children 17 or younger in this household → and go to Question 23 on Page 4.

Now think of the child, 17 or younger, who lives in your household for at least half of the time, who will have their next birthday closest to the time you are completing this survey. Answer questions 16 through 22 for this child only. If the child lives there less than half the time, go to question 23 on Page 4.

16. In what month and year was this child born? Month Year

17. What type of insurance does this child have? (Mark all that apply.)

- ☐ Child Health Plan PLUS (CHP or CHP+)
- ☐ Medicaid or Medicare
- ☐ Other health insurance (purchased or through employer)
- ☐ No health insurance

18. For this child, is there a doctor, nurse, physician assistant, nurse practitioner or pediatrician that you consider to be their regular health care provider?

☐ Yes ☐ No

19. Has this child visited a dentist in the past 12 months?

☐ Yes ☐ No ☐ Not applicable

20. Do you consider this child to be:

☐ Overweight ☐ Underweight ☐ Just the right weight

21. If this child is in school: During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day? (Add up all time spent in any kind of activity that increased heart rate or breathing. The time does not need to be consecutive.)

_____ (0-7) Number of days ☐ Don't know ☐ Not applicable

22. If this child is in school: During the school year, on how many days during a typical week does this child walk, bicycle, or skateboard to or from school? (Consider rollerblades, rollershoes or non-motorized scooters.)

_____ (0-5) Days per week ☐ None, homeschooled ☐ None, rides school bus ☐ None, driven to school

YOUR HEALTH CONDITIONS AND BEHAVIORS

23. Has a doctor, nurse, physician assistant, or nurse practitioner ever told you that you had any of the following health conditions?

	Yes	No
High blood pressure (also called hypertension)	<input type="radio"/>	<input type="radio"/>
<i>If yes, are you currently taking blood pressure medication?</i>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>
Heart attack (also called myocardial infarction)	<input type="radio"/>	<input type="radio"/>
Congestive heart failure	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>
Cancer (other than skin cancer)	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
COPD, emphysema or chronic bronchitis	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>
Anxiety or PTSD	<input type="radio"/>	<input type="radio"/>
Alcohol or drug dependence	<input type="radio"/>	<input type="radio"/>
Diabetes (high blood sugar). For women: If you were told you had diabetes only during pregnancy, answer "No."	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	<input type="radio"/>	<input type="radio"/>
Other chronic condition: (Describe: _____)	<input type="radio"/>	<input type="radio"/>

24. Do you now have any of the following conditions? (Mark yes or no answer for each.)

	Yes	No
Depression, anxiety or other mental health problem	<input type="radio"/>	<input type="radio"/>
Toothache or problems with teeth or gums	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>
Alcohol or drug dependence	<input type="radio"/>	<input type="radio"/>

25. Have you smoked at least 100 cigarettes in your entire life (5 packs = 100 cigarettes)?

☐ Yes ☐ No

26. In the past 30 days have you used:

	Yes, some days	Yes, every day	No
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chew/spit tobacco or other smokeless products such as snus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars, cigarillos, or pipes including hookah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes, personal vaporizer, or other e-systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (any use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Current cigarette smokers only: During the past 12 months, how many times have you stopped smoking for one day or longer because you were trying to quit smoking? (If none, enter "0".)

_____ (0-365) Number of times

28. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks (for women) OR 5 or more drinks (for men) on one occasion? A drink is one 12-ounce can or bottle of beer, one 5-ounce glass of wine, or one shot of liquor. (If none, enter "0".)

_____ (0-30) Number of times

PREVENTIVE HEALTH BEHAVIORS AND SCREENINGS

29. When was the last time you had the following?

	In the past year	Between 1 and 2 years ago	Between 2 and 3 years ago	Between 3 and 5 years ago	Between 5 and 10 years ago	10 years ago or longer	Never
Routine checkup by a doctor, nurse practitioner, or physician assistant (not for a specific illness, injury, or condition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental exam and/or teeth cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye exam or vision test(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood cholesterol test (by drawing blood or pricking your finger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood sugar test (diabetes screening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood stool test using a home test kit (to test for colon cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sigmoidoscopy (inspects the rectum and some of the colon for cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy (complete inspection of the rectum and colon for cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Men only:</i>							
A PSA test (to detect prostate cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Women only:</i>							
Mammogram (a breast X-ray)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pap smear (a test for cervical cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Check here if you have had a hysterectomy.							

30. Did you get a seasonal flu shot or nasal mist during the last flu season (October 2012 -April 2013)?

☐ Yes ☐ No ☐ Not sure

31. How often do you do the following when driving a car?

	Always	Usually	Sometimes	Rarely	Never
Use your seatbelt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read/send email or text	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> If you do not drive, check here.					

HEALTH SEEKING HABITS

32. **Not counting juice, on average, how many servings of fruit do you eat each day?** (A serving is $\frac{1}{2}$ cup of chopped/cooked/canned/frozen fruit or one small (tennis ball size) piece of fruit or $\frac{1}{4}$ cup of dried fruit.)
_____ *Average number of servings per day (If none, enter "0".)*
33. **On average, how many servings of vegetables do you eat each day?** (A serving is $\frac{1}{2}$ cup of chopped raw, cooked, canned, or frozen vegetables or one cup raw, leafy vegetables, or 4 ounces of 100% vegetable juice.)
_____ *Average number of servings per day (If none, enter "0".)*
34. **How often do you drink sugar sweetened beverages?** *These are drinks with added sugar, flavored syrups or other sweeteners, such as regular soda pop, fruit punches or fruit drinks, sweetened or flavored tea, sweetened or flavored coffee drinks, sports drinks, energy drinks and flavored or sweet milks. Do not include diet or sugar free drinks or 100% juice.*
- ☐ Never or rarely (weekly or monthly, but not every day) ☐ Four to five times per day
☐ Once per day ☐ Six or more times per day
☐ Two to three times per day
35. **When you drink sugar sweetened beverages, what is your typical serving size?**
- ☐ Small (about one cup, 8 ounces or less) ☐ Not applicable, I don't drink sugar sweetened beverages
☐ Medium (a can, small bottle, medium-sized soft drink cup, 12 – 16 ounces)
☐ Large (large bottle, super size cup, more than 16 ounces)
36. **During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, biking, golf, gardening, or walking for exercise?**
- ☐ Yes ☐ No ☐ Not sure
37. **How did you usually get to work or school last week?** (If more than one method of transportation was used, mark the one you used for most of the distance last week.)
- ☐ Car, truck, or van ☐ Motorcycle ☐ Worked at home
☐ Bus ☐ Bicycle ☐ Other method _____
☐ Taxicab ☐ Walked ☐ I do not work or go to school
38. **During a typical week, on how many days did you walk for at least 10 minutes at a time, such as walking at work or at home, traveling from place to place, or any other walking for recreation, sport, exercise, or leisure?**
_____ *Days per week* **How much total time did you spend walking?** (You can give the number of hours or minutes per day.)
☐ Check here if no walking
_____ *Hours per day* _____ *Minutes per day* ☐ Not sure
39. **During a typical week, on how many days did you do moderate physical activity that made you breathe somewhat harder than normal, such as carrying light loads, bicycling at a regular pace, or gardening?** (Do not include walking mentioned above or vigorous activity mentioned below.)
_____ *Days per week* **How much total time did you spend doing moderate physical activities?** (You can give the number of hours or minutes per day.)
☐ Check here if no moderate activity
_____ *Hours per day* _____ *Minutes per day* ☐ Not sure
40. **During a typical week, on how many days did you do vigorous physical activity that took hard physical effort and made you breathe much harder than normal, such as heavy lifting, digging, jogging, aerobics, or fast bicycling?**
_____ *Days per week* **How much total time did you spend doing vigorous physical activities?** (You can give the number of hours or minutes per day.)
☐ Check here if no vigorous activity
_____ *Hours per day* _____ *Minutes per day* ☐ Not sure

COMMUNITY CONCERNS AND SERVICE NEEDS

41. How concerned are you about each of the following possible community health issues in the particular city, town, or rural area where you live?

	Very	Moderately	Slightly	Not at all	Don't know
Risk of West Nile Virus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effects of September flood disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impact of health care reform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to parks, trails, recreation centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to affordable fresh foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight or obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gun violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth crime or gangs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike or pedestrian safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too many distracted drivers on the roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. In the past 12 months, did you or any member of your household use any of the community services listed below?

	Did not need	Needed and used	Needed but did not use	Don't know
Services for children/youth with emotional problems or delinquent behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol/drug abuse counseling or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low or no cost dental/oral health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services to stop using tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for the disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home healthcare or homemaker services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting information, training, or classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare/daycare financial assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work-related/employment services (help finding work or job training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial assistance or welfare (unemployment, TANF, social security disability-SSI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food or meal assistance (Food Bank, Food Stamps, WIC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing services (rental/utility bill assistance or shelters)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation assistance services (vouchers, reimbursements)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disaster related services (Red Cross, shelters, FEMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. What is your level of awareness and experience with using United Way's 2-1-1 confidential information and referral hotline?

- ☐ Aware and used 2-1-1 ☐ Aware but did not use 2-1-1 ☐ Not aware of 2-1-1

44. How often in the past 12 months were you worried or stressed about having enough money to buy nutritious meals?

Always	Usually	Sometimes	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. In the past 12 months, did you think you needed mental health care or counseling services?

- ☐ Yes ☐ No → Go to Question 46

If yes, did you seek counseling or treatment?

- ☐ Yes → If yes, where? —————→ ☐ Private counselor or therapist (psychiatrist/psychologist)
☐ No ☐ Primary care doctor or nurse
☐ North Range Behavioral Health
☐ Church, temple or other place of worship
☐ Other: _____

46. Mark your level of agreement with the following statements:

	Strongly Agree	Slightly Agree	Slightly Disagree	Strongly Disagree
Treatment can help people with mental illness lead normal lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are generally caring and sympathetic to people with mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ENVIRONMENTAL HEALTH ISSUES

47. How much of a problem are the following environmental health issues in the particular city, town, or rural area where you live?

	Major problem	Minor problem	No problem	Don't know
Polluted outdoor air (brown cloud, dust, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unclean indoor air (mold, radon, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution from cars, trucks, and other road vehicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to secondhand tobacco smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe or unclean water for drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution from agricultural operations (manure, chemicals, crop waste, agricultural burning, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution from industry (manufacturing, oil and gas drilling, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough options to recycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough sidewalks or trails for walking or biking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too many mosquitoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too many flies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contamination from flood water (sewage, chemicals, sediment, debris)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: (Describe: _____)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INDIVIDUAL AND HOUSEHOLD INFORMATION

This information is important to get an overall picture of the community, not to find out about you personally. Thanks for completing!

48. What type of house do you live in currently?

- ☐ House
- ☐ Duplex
- ☐ Building/apartment with 3 or more units
- ☐ Mobile or manufactured home

49. Do you own or rent your residence?

- ☐ Own
- ☐ Rent
- ☐ Other arrangement

(Explain: _____)

50. How long have you lived in Weld County?

_____ *Number of years*

51. Including yourself, how many people (adults and children) live in your household?

_____ *Total people*

52. Do you have access to the Internet by computer, mobile phone, iPad, BlackBerry, or other device?

- ☐ Yes
- ☐ No

53. Do you or anyone in your household prefer to use a language other than English?

- ☐ Yes → What language? _____
- ☐ No

54. Does a disability, handicap, or chronic disease keep you from participating fully in work, housework, or other daily activities?

- ☐ Yes
- ☐ No

55. What is your current employment status?

(Mark all that apply.)

- ☐ Employed full-time for wages
- ☐ Employed part-time for wages
- ☐ Self-employed
- ☐ Laid off or unemployed
- ☐ Disabled or unable to work
- ☐ Full-time homemaker
- ☐ Full-time student
- ☐ Part-time student
- ☐ Retired

56. What was your household's total income before taxes in 2012? (Include income from all sources for yourself and all other persons living in your household.)

- ☐ \$11,000 or less
- ☐ \$11,001 - \$15,000
- ☐ \$15,001 - \$19,000
- ☐ \$19,001 - \$21,000
- ☐ \$21,001 - \$23,000
- ☐ \$23,001 - \$27,000
- ☐ \$27,001 - \$31,000
- ☐ \$31,001 - \$35,000
- ☐ \$35,001 - \$38,000
- ☐ \$38,001 - \$44,000
- ☐ \$44,001 - \$46,000
- ☐ \$46,001 - \$54,000
- ☐ \$54,001 - \$61,000
- ☐ \$61,001 - \$76,000
- ☐ \$76,001 - \$92,000
- ☐ \$92,001 - \$108,000
- ☐ \$108,001 - \$124,000
- ☐ \$124,001 or more

57. How many people, including you, are supported by this income? _____ *Total people*

58. What is the highest level of education you have achieved?

- ☐ Less than 9th grade
- ☐ 9th to 12th grade, no diploma
- ☐ High school diploma or GED
- ☐ Some college, no degree
- ☐ Associate's degree (e.g. AA, AS)
- ☐ Bachelor's degree (e.g. BA, AB, BS)
- ☐ Graduate or professional degree

59. Which of the following best describes your racial and ethnic background? (Please choose one.)

- ☐ White, Non-Hispanic
- ☐ Hispanic or Latino(a) (any race/ethnicity)
- ☐ Alaska Native or American Indian
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other: _____

60. What year were you born? _____

61. What is your gender?

- ☐ Female
- ☐ Male

62. How much do you weigh? _____ *pounds*

- ☐ Women: Check here if pregnant

63. What is your height (without shoes)?

_____ *feet* _____ *inches*

64. What suggestions do you have on ways to make Weld County a healthier place to live, work, and play?

65. Finally, please describe how you were impacted by the flood during the event and since that time.

Thank you for filling out this survey!